

Price (NC)	Sensenbrenner	Thornberry
Pryce (OH)	Serrano	Tiahrt
Putnam	Sessions	Tiberi
Quinn	Shadegg	Tierney
Radanovich	Shaw	Toomey
Rahall	Shays	Towns
Ramstad	Sherman	Turner (OH)
Rangel	Sherwood	Turner (TX)
Regula	Shinkus	Udall (CO)
Rehberg	Shuster	Udall (NM)
Renzi	Simmons	Upton
Reyes	Simpson	Van Hollen
Reynolds	Skelton	Velazquez
Rodriguez	Slaughter	Visclosky
Rogers (AL)	Smith (MI)	Vitter
Rogers (KY)	Smith (NJ)	Walden (OR)
Rogers (MI)	Smith (TX)	Walsh
Ros-Lehtinen	Smith (WA)	Wamp
Ross	Snyder	Waters
Rothman	Solis	Watson
Roybal-Allard	Souder	Watt
Royce	Spratt	Waxman
Ruppersberger	Stark	Weiner
Rush	Stearns	Weldon (FL)
Ryan (OH)	Stenholm	Weldon (PA)
Ryan (WI)	Strickland	Weller
Ryun (KS)	Stupak	Wexler
Sabo	Sullivan	Whitfield
Sanchez, Linda	Sweeney	Wicker
T.	Tancred	Wilson (NM)
Sanchez, Loretta	Tanner	Wilson (SC)
Sanders	Tauscher	Wolf
Sandlin	Tauzin	Woolsey
Saxton	Taylor (MS)	Wu
Schakowsky	Taylor (NC)	Wynn
Schiff	Terry	Young (AK)
Schrock	Thomas	Young (FL)
Scott (GA)	Thompson (CA)	
Scott (VA)	Thompson (MS)	

NOT VOTING—8

Cubin	Ford	Pickering
Deutsch	Gephardt	Rohrabacher
Fattah	Miller, George	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. TERRY) (during the vote). Members are advised there are 2 minutes left in this vote.

□ 1929

So (two-thirds having voted in favor thereof) the rules were suspended and the Senate bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. DEUTSCH. Mr. Speaker, I was unavoidably absent from the Chamber today during rollcall votes No. 503, No. 504, and No. 505. Had I been present, I would have voted "yea" on all of these votes.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 2038

Mrs. MCCARTHY of New York. Mr. Speaker, I ask unanimous consent that the gentleman from Wisconsin (Mr. KIND) be removed as a cosponsor of H.R. 2038.

The SPEAKER pro tempore (Mr. KLINE). Is there objection to the request of the gentlewoman from New York?

There was no objection.

□ 1930

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 2225

Mr. GONZALEZ. Mr. Speaker, I ask unanimous consent to have my name removed as a sponsor of H.R. 2225.

The SPEAKER pro tempore (Mr. KLINE). Is there objection to the request of the gentleman from Texas?

There was no objection.

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 1588, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2004

Mr. RODRIGUEZ. Mr. Speaker, subject to rule XXII, clause 7(c), I hereby announce my intention to offer a motion to instruct on H.R. 1588, the National Defense Authorization Act for fiscal year 2004.

The form of the motion is as follows:

Mr. RODRIGUEZ moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1588 be instructed to agree to the provisions contained in subtitle F of title VI of the Senate amendment (relating to naturalization and family protection for military members).

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

Mr. STENHOLM. Mr. Speaker, subject to rule XXII, clause 7(c), I hereby announce my intention to offer a motion to instruct on H.R. 1, the Medicare Prescription Drug and Modernization Act of 2003.

The form of the motion is as follows:

Mr. Stenholm of Texas moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1 be instructed as follows:

(1) The House recede to the Senate on the provisions to guarantee access to prescription drug coverage under section 1860D-13(e) of the Social Security Act, as added by section 101(a) of the Senate amendment.

(2) To reject the provisions of section 501 of the House bill.

(3) The House recede to the Senate on the following provisions of the Senate amendment to improve rural health care:

(A) Section 403 (relating to inpatient hospital adjustment for low volume hospitals).

(B) Section 404 (relating to medicare disproportionate share adjustment for rural areas), but with the effective date applicable under section 401(b) of the House bill.

(C) Section 404A (relating to MedPAC report on medicare disproportionate share hospital adjustment payments).

(D) The following provisions of section 405 (relating to critical access hospital improvements):

(i) Subsection (a), but with the effective date applicable under section 405(f)(4) of the House bill.

(ii) Subsection (b), but with the effective date applicable under section 405(c)(2) of the House bill.

(iii) Subsections (e), (f), and (g).

(E) Section 414 (relating to rural community hospital demonstration program).

(F) Section 415 (relating to critical access hospital improvement demonstration program).

(G) Section 417 (relating to treatment of certain entities for purposes of payment under the medicare program).

(H) Section 420 (relating to conforming changes relating to Federally qualified health centers).

(I) Section 420A (relating to increase for hospitals with disproportionate indigent care revenues).

(J) Section 421 (relating to establishment of floor on geographic adjustments of payments for physicians' services).

(K) Section 425 (relating to temporary increase for ground ambulance services), but with the effective date applicable under the amendment made by section 410(2) of the House bill.

(L) Section 426 (relating to appropriate coverage of air ambulance services under ambulance fee schedule).

(M) Section 427 (relating to treatment of certain clinical diagnostic laboratory tests furnished by a sole community hospital).

(N) Section 428 (relating to improvement in rural health clinic reimbursement).

(O) Section 444 (relating to GAO study of geographic differences in payments for physicians' services).

(P) Section 450C (relating to authorization of reimbursement for all medicare part B services furnished by Indian hospitals and clinics).

(Q) Section 452 (relating to limitation on reduction in area wage adjustment factors under the prospective payment system for home health services).

(R) Section 455 (relating to MedPAC study on medicare payments and efficiencies in the health care system).

(S) Section 459 (relating to increase in medicare payment for certain home health services).

(T) Section 601 (Increase in medicaid DSH allotments for fiscal years 2004 and 2005).

(4) The House insist upon the following provisions of the House bill:

(A) Section 402 (relating to immediate establishment of uniform standardized amount in rural and small urban areas).

(B) Section 403 (relating to establishment of essential rural hospital classification).

(C) Subsections (a), (b), (d), and (e) of section 405 (relating to improvements to critical access hospital program).

(D) Section 416 (relating to revision of labor-related share of hospital inpatient pps wage index).

(E) Section 417 (relating to medicare incentive payment program improvements).

(F) Section 504 (relating to wage index classification reform).

(G) Section 601 (relating to revision of updates for physician services).

(H) Section 1001 (relating to medicaid disproportionate share hospital (DSH) payments).

HOLDING UP THE VALUES AND VIRTUES OF YALE UNIVERSITY

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks).

Ms. JACKSON-LEE of Texas. Mr. Speaker, most times when a Member goes to the floor to speak about their alma mater, they are raising up the flag of joy and promoting some football contest or sports contest and rooting their friends and fellow classmates on.

Today, I rise as alumnus of Yale University to ask them to uphold the values and virtues of our dear and beloved school, and that is equality and humanitarian service and respect for all.

Since being a student at Yale, one of the first women, we have encountered

this conflict between worker and university; 10,000 people gathered on the square in New Haven just last weekend.

It is time for the president of Yale University to uphold the values of the school and respect the working people who work there, the dining hall workers, the janitors, provide for arbitration, binding arbitration, and settle this matter.

Stop embarrassing the thousands upon thousands of Yale graduates, who every day go out and work to make life better for those who cannot work or improve their own lives. It is an unfortunate and disgraceful act, that we are continuing to undermine those who come to work every day to help students learn and be the best that they can be.

I say to the president of Yale University, settle this matter, and stop embarrassing those of us who believe that Yale has the greatest calling, to educate people who will serve not only the Nation, but save the world.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

THE CONNECTION BETWEEN THIMEROSAL AND NEURODEVELOPMENTAL DISORDERS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. Mr. Speaker, for the past 2 or 3 years, I have held hearings on the issue of autism in America. We used to have one out of 10,000 children that were autistic. That is where they will not focus on things, they will not talk, they yell, they stamp their feet, they have chronic diarrhea and constipation, they have all kinds of physical problems; and their parents lose either complete control over them or they cannot communicate with them, and it hurts these children for the rest of their lives, and ultimately they are going to be a burden on the taxpayers of this country.

It used to be one out of 10,000. Now it is one out of 150. We have an absolute epidemic of autism in America.

Many scientists who appeared before my committee believe and have substantial evidence that the mercury that is in vaccinations is a major contributing cause of this autism.

It used to be you only got one or two vaccinations. When I was a kid, if you had measles or mumps or anything like that, they would quarantine the house. Now they give vaccinations for all of that, and these vaccinations can contain a substance called Thimerosal. Thimerosal is 50 percent mercury, and children who are going to school get as many as 25 to 30 vaccinations before

the school will let them enter the front door.

The mercury has a cumulative effect. Once it gets in the brain, it starts destroying brain tissue and causes all kinds of neurological problems including autism. Yet the Food and Drug Administration has never, ever tested Thimerosal. It is used as a preservative. It is 50 percent mercury, they have never tested it, and yet it has been in vaccines for years.

We fought with them and our health agencies for some time to get that out of these children's vaccines, and they said they would do it. So this last week I wrote a letter to the head of the Department of Health and Human Services, Tommy Thompson, the Secretary of HHS; and I asked him to give me a list of those vaccinations that still contain mercury, Thimerosal. We found that 20 of the 43 vaccinations that are manufactured here in the United States still contain mercury. People are still having that injected into their bodies, adults as well as children.

Three or four of the major vaccinations that children get still have mercury in them, and vaccinations that have not been used, the serum that has not been used that is still on shelves in many of the doctors' offices, predate the dates they started taking mercury out of the children's vaccinations. So the FDA has not ordered them to take the mercury out, nor did the FDA notify doctors that Thimerosal-free vaccinations were preferred and that pediatricians should take the mercury out of their stocks of vaccines.

Recently, I wrote to the Secretary of HHS. I got the list. Twenty of the 43 currently manufactured vaccines in the U.S. still contain mercury, still are poisoning our children and adults. Our troops over in the Persian Gulf and Iraq were getting as many as 11 shots in one day, and most of those contain Thimerosal-mercury.

We have a rise in Alzheimer's as well, an epidemic of that; and I believe that that, in large part, is caused by the neurologically damaging mercury that is in vaccines.

Anyhow, HHS is still allowing vaccinations containing mercury to be given to children, such as the flu vaccine given to children 6 years old down to age 23 months. Hepatitis B, diphtheria, and tetanus still contain Thimerosal. Those are being given to children. Those lots that are still on the shelves that contain mercury are still being given to children. The Food and Drug Administration is not doing anything about it, and everybody in this country ought to be raising Cain, not just because their children have not been damaged, but because all of those children who are being damaged are going to be a burden in one way or another on the taxpayers of this country, and it is going to cost us literally trillions of dollars if this is not stopped.

We have to do everything we can to hold HHS and the vaccine manufactur-

ers' feet to the fire to get mercury out of vaccinations. Mercury is a toxic substance. It is toxic to the brain. It hurts neurologically anybody that has it injected into them. Yet they are still using it as a preservative. This is something that has to end.

These are the faces of children who have been damaged, just a small number of them; and we have got to do something about that. How would you like to have a child, like my grandson, who got nine shots in one day, seven of which contained mercury, and two days later he became autistic, a perfectly normal child.

These are things that cannot and must not be tolerated. We need to do everything we can to put all the pressure we can on our Health and Human Services agencies, FDA, CDC, and all the rest. Our Secretary of HHS, Tommy Thompson, who is a fine man, needs to pay attention to this and get this mercury out of these vaccinations as quickly as possible. It is hurting us all; not just the children, but the adults as well.

Scientific evidence continues to accumulate regarding the biologically plausible connection between mercury containing Thimerosal in vaccines, autism and other neurodevelopment disorders.

As a result, many parents have become understandably concerned about the safety of childhood vaccines.

And they should be considering that Thimerosal is 50 percent mercury by weight and mercury is one of the most toxic substances on the planet.

Even though the FDA asked vaccine manufacturers to remove Thimerosal from vaccines in 1999, they did not order them to do so.

Nor did FDA notify doctors that Thimerosal-free vaccines were preferred nor did they recommend that pediatricians remove Thimerosal vaccines from their stocks.

Recently, I asked the Secretary of HHS, Tommy Thompson and the FDA Commissioner, Dr. Mark McClellan to provide me with a list of all commercially available vaccines, including routinely prescribed pediatric vaccines, which currently contain Thimerosal.

Although they both assured me that none of the routinely recommended pediatric vaccines contain Thimerosal as an additive, 20 of the 43 currently manufactured and U.S. licensed vaccines still contain this dangerous substance.

FDA says it recognizes and supports the Public Health Services goal of reducing exposure to mercury.

If this is so, then they have to do more to ensure that all 43 vaccines currently manufactured and licensed in the United States are free of Thimerosal.

The most shocking example of a vaccine that still contains Thimerosal is the Influenza vaccine, commonly known as the Flu Shot, which is given to millions of Americans every year, adults and children alike.

In fact, last year, the President of the American Academy of Pediatrics issued a statement saying that the Academy encourages that the flu vaccine be given to all healthy children aged 6–23 months.

The harm that mercury could potentially inflict on such children is incalculable.